MULTIPLE DEPENDE͞T CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/700863**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/					
2		/					52			/				
3		/					53			/				
4		/					54			/				
5		/					55			/				
6		/					56			/				
7		/					57			/				
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23	/						73							
24		/					74							
25		/					75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43	/						93							
44	/						94							
45	/						95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.	4		↙		↙		TOTAL IND.				↙		↙	
TOTAL DEP.	53		↙		↙		TOTAL DEP.			↙		↙		↙
TOTAL CLAIMS	57						TOTAL CLAIMS							